

PRINTED: 03/22/2013
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8205	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/18/2013
NAME OF PROVIDER OR SUPPLIER INDIAN PATH MEDICAL CENTER TRANSITION,			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BROOKSIDE DRIVE KINGSPORT, TN 37660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to assure alterations to the facility are made with prior approval from the Department of Health. The findings include: Observation and interview with the maintenance director on March 19, 2013 at 11.40 a.m. revealed that an existing storage space is now being used for inpatient physical therapy without approval from the Department of Health. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on March 19, 2013.	N 831	N831 1200-8-6-08 - Based on observation and interview, it was determined that the facility failed to assure alterations to the facility are made with prior approval from the Department of Health. The findings include: An existing storage space is now being used for inpatient physical therapy without approval from the Department of Health Action: Existing storage space room being used as a Physical therapy room was discontinued. Room will only be used as a physical therapy office.	3/20/13	
N1410	1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions	N1410			

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
VP/CEO

(X8) DATE

4/1/13

STATE FORM

6000

U7NE21

If continuation sheet 1 of 2

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N1410	<p>Continued From page 1</p> <p>and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(II) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Evacuation procedures.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to exercise their annual earthquake drill.</p> <p>The findings include:</p> <p>Record review and interview with the maintenance director on March 19, at 12:20 p.m. revealed that the facility failed to exercise their annual earthquake drill.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on March 19, 2013.</p>	N1410	<p>N1410 1200-8-6-14 - It was determined that the facility failed to exercise their annual earthquake drill</p> <p>Action: Earthquake exercise conducted.</p>	4/4/13	